## Consolidated Debris Removal Program Property Transfer Affidavit

l,	(transferor name), am/was the record owner of the property
located at:	(property address). The assessor parcel
number of the property is:	(APN).
	olidated Debris Removal Program, I executed a "Debris Removal Right recuted on (date of execution).
above listed property to:	of transfer/or scheduled closing), I transferred/will transfer title to the(transferee name). To the extent be bound by the terms and conditions outlined in the Debris Removal
Right-of-Entry Permit form.	be bound by the terms and conditions outlined in the Debris Kemovar
Ι,	_(transferee), am/will be the record owner of the property located at: (property address), APN:(APN).
I agree to be bound by the terms a executed on	and conditions of the Debris Removal Right-of-Entry Permit form (date of execution).
I certify that the information abov	e is true and complete to the best of my knowledge.
	Date:
Transferor Signature	
Printed Name	
Mailing Address:	
Phone Number:	
Transferee Signature	Date:
Printed Name	
Mailing Address:	
Phone Number:	